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Bib Data Sheet

CONFIRMATION NO. 2012

SERIAL NUMBER 09/935,893	FILING DATE 08/23/2001 RULE	CLASS 623	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. 203-2375 CON II
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APPLICANTS

Juan C. Parodi, Buenos Aires, ARGENTINA;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 09/640,819 08/17/2000 ABN

**** FOREIGN APPLICATIONS *******

ARGENTINA P19980101144 03/13/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED**** 09/19/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ARGENTINA	SHEETS DRAWING 2	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

Chief Patent Counsel
United States Surgical
Division of Tyco Healthcare Group LP
150 Glover Avenue
Norwalk, CT 06856

TITLE

Endovascular prosthesis with suture holder

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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